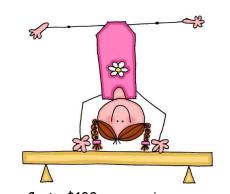
Harford County Department of Parks and Recreation

ACPR GYMNASTICS RECREATION COUNCIL **SUMMER GYMNASTICS 2016**

FOR AGES 5 YEARS AND OLDER

All classes will be held at the Churchville Recreation Center, 111 Glenville Rd., Churchville, MD. Classes are divided by age group. Sessions 1 thru 4 will work on all four women's gymnastics events and will be four weeks long. Session 5 will be on 8 consecutive Saturdays. Session 6 is 8 weeks long and is for those that have the necessary skills. Session 7 is a Tumbling and Trampoline Class for anyone age seven and older and is 8 weeks long. This class will place special emphasis on the back handspring. Session 1 does not meet on July 4th due to the holiday and goes til July 25.

SESSION	AGE	TIME	DAY OF WEEK	DATES
1	5-7 years old	9:00-10:30 am	Mon & Wed	June 27-July 25 No class July 4th
2	7 yrs. & older	9:00-10:30 am	Tue & Thur	June 28-July 21
3	5-6 years old	9:00-10:30 am	Mon & Wed	Aug 1 - Aug 24
4	7 yrs. & older	9:00-10:30 am	Tue & Thur	July 26-Aug 18
5	5-8 yrs. old	9:00-10:30 am	Saturdays	July 2-Aug 20
6	Intermediate*	4:30-6:00 pm	Fridays	July 1-Aug 19
7	7 yrs. & older Tumbling & Tramp All levels Beg/Int/Adv	6:00-7:30 pm	Fridays	July 1-Aug 19



Cost: \$130 per session Checks are made payable to: "ACPR GYMNASTICS" **Children will receive Gymnastics T-Shirt on the first day of Class!

Classes will be held on a first come, first served basis, contingent upon sufficient registration. There will no refunds or transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your cancelled check will be your receipt. There are no makeup classes offered. If you wish to register by mail, the address is:

ACPR Gymnastics, P.O. Box 248, Churchville, MD 21028. Questions? Call 410-836-2080.

Website - acprgymnastics.com

E-mail - corngym@comcast.net

5 YEARS & OLDER SUMMER GYMNASTICS 2016

SESSION: 1 2 3 4 5 6 7 (Circle as many as you wish to attend)	TIME: Class Age:
CHILD'S NAME:	PHONE #:
ADDRESS:	ZIP:
DATE OF BIRTH:	AGE:
PARENT'S NAME:	
EMERGENCY NAME & PHONE #:	
AMT. PD CASH (Exact amount)	. CHECK # REG. DATE

DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature	Date



^{*}Skills required for Intermediate - Backbend or Kickover, Cartwheel & round-off